

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

46 County Hawley  
3 Township West Plains, Mo.  
4 City West Plains, Mo.

Registration District No. 382

Primary Registration District No. 4727

File No. 886

Registered No. 384

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Calvin Hecut

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ma 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Hecut

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-2-1862

7. AGE YEARS 66 MONTHS 10 DAYS - If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Billy Hecut

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Raura Haddleton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawley Co., Mo.

17. INFORMANT (ADDRESS) My wife Hecut  
West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon DATE 1/3

19. UNDERTAKER (ADDRESS) McFarland  
West Plains, Mo.

20. FILED 1-2- 19 37 O. H. Hecut

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-20- 1931, to 1-1- 1932

I last saw him alive on 12-31- 1931 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 1931

HOB WOB (E)

Other contributory causes of importance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) E. Claude Bohner, M. D. (Address) West Plains, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1932

1937-1-2  
66-2-2  
1863-10-0